



# PERSONAL HISTORY OF COMMERCIAL DRIVER TRAINING SCHOOL - OWNER OR MANAGER

State Form 50519 (R / 7-07)

INDIANA BUREAU OF MOTOR VEHICLES

The information in this document is confidential according to 140 IAC 4-1-1 thru 14.

\* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is voluntary and you will not be penalized for refusal.

INSTRUCTIONS: Please print or type

OWNER OR MANAGER INFORMATION					
Name of owner, partner, associate, corporate director, officer or manager (last, first, middle initial)				Date of application (month, day, year)	
Home address (number and street, city, state and ZIP code)				Social Security number *	
Home telephone number ( )		E-mail address		Drivers license number	
Height	Weight	Color of eyes	Color of hair	Sex	Date of birth (month, day, year)
Name of nearest relative		Address of nearest relative (number and street, city, state and ZIP code)			
Name of commercial driver training school (where you are an owner or manager)					
Address of school (number and street, city, state and ZIP code)					
EDUCATION AND MILITARY SERVICE					
EDUCATION (check the highest grade completed)					
GRADE SCHOOL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 HIGH SCHOOL <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 1 <input type="checkbox"/> 2 COLLEGE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6					
Have you successfully completed a course in Driver Education at an accredited College or University? (if yes, complete the following) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of college or university		Hours attended	Date of completion (month, day, year)	Name of instructor	
MILITARY SERVICE					
Are you a veteran? (if yes, complete the following) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date of service (month, day, year) From: To:		Branch of service		Type of discharge	
EMPLOYMENT HISTORY					
List employment for the last 5 years					
Name of employer		Address of employer (number and street, city, state and ZIP code)			
Job title		Date of employment (month, day, year) From: To:		Reason for leaving	
Name of employer		Address of employer (number and street, city, state and ZIP code)			
Job title		Date of employment (month, day, year) From: To:		Reason for leaving	
Name of employer		Address of employer (number and street, city, state and ZIP code)			
Job title		Date of employment (month, day, year) From: To:		Reason for leaving	
Name of employer		Address of employer (number and street, city, state and ZIP code)			
Job title		Date of employment (month, day, year) From: To:		Reason for leaving	
Name of employer		Address of employer (number and street, city, state and ZIP code)			
Job title		Date of employment (month, day, year) From: To:		Reason for leaving	

## QUESTIONS

You must answer each of the following questions. All questions answered "Yes" must be explained in the area provided on this application.

1. Have you ever been known by any name other than the one shown on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been charged with, or convicted of, a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been charged with, or convicted of, manslaughter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been charged with, or convicted of, reckless homicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been charged with, or convicted of, driving under the influence of intoxicating liquor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been charged with, or convicted of, driving under the influence of narcotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been charged with, or convicted of, leaving the scene of a traffic accident involving death or personal injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been charged with, or convicted of, perjury or making any false statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been charged with, or convicted of, any traffic violation other than parking violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever been charged with, or convicted of, any crime involving immoral conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever been charged with, or convicted of, any misdemeanor other than traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you now involved with any investigations or court proceedings relating to the matters stated in questions 2, 3, 4, 5, 6, 7, 8, 9, 10, or 11?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Has your license to drive in Indiana or any other state ever been refused, cancelled, suspended, or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Has your commercial driving training school instructor's license ever been denied, cancelled, suspended, or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is there any motor vehicle accident judgments against you that have not been satisfied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you given driver training instruction for compensation within the past twelve (12) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explanation of all the previous questions answered "Yes"

[illegible]

## AFFIDAVIT OF APPLICANT

The applicant understands and agrees that:

1. If he/she terminates employment with the commercial driver training school listed herein he/she will surrender his/her license to instruct at said school,
2. If he/she becomes employed by another commercial driving training school, he/she will make application for a new instructor's license for said school.

The undersigned affirms that he/she has read the entire foregoing application; that he/she knows the contents thereof; and that all answers, statements and all other matters contained therein are true in substance and in fact, and that the undersigned is of high moral character and reputation and has not been adjudicated a felon the ten (10) years immediately preceding the date of application.

Signature of applicant	Printed name of applicant	Date signed ( <i>month, day, year</i> )
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